U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5/13-/	2. Fiscal Year Covered From:		
	1 / 120eH Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Edward Clax	Name Visited Foods Commercial Workers Local S55		
· ·	Labor Organization File Number 516-833		
P.O. Box, Bldg., Room No., if any P.O. Sox 23575	P.O. Box, Building and Room Number, if any P.O. Box 23555		
Street	Street 7095 S.W. Sandburg Rk		
City Potton Commence of the Co	City City		
State 0 ZIP Code + 4 97281-3555	State Organia ZIP Code + 4 50281,3555		
5. Position in labor organization. Assistant to the	Resident		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Company Company			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street (

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____

ZIP Code + 4

on 8/8/05

503-598-6329 Telephone Number

City

State

La company of the com		_		
Name of Person Filing Edward Clay		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any). Name	9. Business deals with:			
Trade Name, if any:	a. Labor Organiza	ation		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street Street	o. Linployer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar valu	ue of such dealing.		
City	12.a. Nature of interest hel	Contract (Contract Contract Co		
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	•		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	Reinbursen	nont bor expenses		
Name Overson Federation of Butchers Yerrows	Incurred	as Trustec (gor		
Trade Name, if any:	attendana	as Trustee for e at educational		
P.O. Box, Bldg., Room No., if any	conferenc	사이의 부분들러 구축을 받아보게 들어 가입니다. 나는 사람이 되고 있지만 한 번째 하는 사람들이 되었다. 그 나를 다		
Street 1305 S.W. 1245 Ave				
City Po.+11sm2				
State Over ZIP Code + 4 97291	Name of the Control o			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	1598,42		

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion		
40 If 0 by and 0 is absolved give trust or ampleyed a name	11.a. Nature of such deali	ng.		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar valu 12.a. Nature of interest hel	te of such dealing.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Organistic Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1305 S.W. 141 City Code + 4 97251	14.a. Nature of payment. Reinbursen	nent for expenses as trustee, for e at educational		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$1632.45		